

**Please complete form. Handwritten forms will NOT be accepted. Print form, sign and mail to:**

## KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612

[www.ksbtp.ks.gov](http://www.ksbtp.ks.gov)

785-296-3053

### PROFESSIONAL GEOLOGY APPLICATION FOR LICENSURE BY EXAM

**INSTRUCTIONS:** Applicants should read all statutes, rules and regulations for details regarding requirements available on the web page. This application is to determine eligibility for the Professional Geology Examination.

- **APPLICATION DEADLINES:** Application file must be complete no later than December 15 for March exam or July 1 for October exam. Application will not be considered complete for Board review until all required documentation is received. Pending applications are kept on file for one year.
- **APPROVAL LETTER AND ADMITTANCE LETTER:** Applicant will be notified of Board approval. Approximately one month before exam date, applicant will receive an exam ADMITTANCE letter. **ADMITTANCE LETTER IS REQUIRED FOR ADMISSION TO EXAM. Both letters will be mailed to OFFICIAL MAILING ADDRESS indicated by the buttons "HOME" or "BUSINESS" on next page.**
- **EXAM RESULTS:** Exam results are reported to **RESIDENCE MAILING ADDRESS** provided. Check the KSBTP web site for the date on which the exam scores were mailed.
- **FOREIGN DEGREE:** Foreign degrees must be evaluated. Contact the Board office for more information.
- **SPECIAL ACCOMMODATIONS:** The Kansas Board will make every effort to accommodate candidates needing special accommodations. Attach a letter of explanation for accommodation to this application.

#### **A COMPLETE APPLICATION WILL INCLUDE THE FOLLOWING:**

- 1. APPLICATION FORM:** Print completed form, sign, date and send to KSBTP.
- 2. EXAM/APPLICATION FEE: \$310** Application/licensure fee (\$60) is required with this form along with the exam fee (\$250) for a total of \$310. This fee will provide payment for the first exam and take your license to your first renewal date. Make check or money order payable to KSBTP. All exam fees are non-refundable.
- 3. TRANSCRIPTS:** Official transcripts are required for all educational credit claimed. Please send an "official" transcript or have school send transcript directly to KSBTP.
- 4. VERIFICATION:** Send the "Verification of Exam/Licensure" form on Page 9 to the state board (if not Kansas) where the Fundamentals of Geology exam was taken with instructions to return promptly to KSBTP.
- 5. PROFESSIONAL EXPERIENCE RECORD:** Geology work experience must be performed under the direct supervision of a licensed professional geologist for work performed after July 1, 2000, except that direct supervision of a licensed geologist is not required of the employees of any person, firm or corporation not offering services in the technical professions to the public, as per K.A.R. 66-10-13. Experience must be completed before applying for the Professional Geology exam.
- 6. REFERENCES:** Each applicant shall supply at least three references that are familiar with the applicant's geology experience. At least two of these references shall be licensed geologists. One of the three references may be a professional engineer. Send a copy of the completed professional experience record with reference form (Pages 5 and 6) to the three references. Professional reference forms must be returned directly to the Board office from the person supplying the information. Relatives may not serve as references. **HANDWRITTEN OR INCOMPLETE** applications will be returned. Keep a **copy** of this application for your records.

#### **ASBOG® EXAMINATION INFORMATION**

The written examination given by the Kansas Board is developed by the National Association of State Boards of Geology (ASBOG®) and consists of two four-hour parts; a Fundamentals of Geology (FG) exam and a Practice of Geology (PG) exam. Each examination uses a four-option multiple-choice format. The FG and PG examinations contain 140 and 110 questions, respectively. Both examinations are "closed-book" and are administered on a single day during the spring and fall of each year. For each exam, a **scaled** score of 70 is the minimum passing score. Examination information is available from ASBOG® in the Professional Geologists Candidate Handbook available at [www.asbog.org](http://www.asbog.org).

#### **REQUIREMENTS FOR GEOLOGY CANDIDATES FOR LICENSURE BY EXAMINATION**

**\*Fundamentals Exam in Geology (FG) is required prior to taking the Practice of Geology Exam.**

Pipeline	Classification	Max. Credit For Education	FG *	Experience Required for Exam	Total Education and Experience
A	Graduate from an accredited institution with BS Or BA major in Geology and an MS in Geology	5 years	X	3 years*	8 years
B	Graduate from an accredited institution with BS or BA Or higher degree with a major in Geology	4 years	X	4 years*	8 years
C	Graduate from an accredited institution in a 4-year academic degree program other than Geology but with 30 semester hours or 45 quarter hours in Geology	4 years	X	4 years*	8 years

**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS – PROFESSIONAL GEOLOGY EXAM****I. GENERAL INFORMATION**

APPLICANT NAME: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 (First/Middle/Last)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Send OFFICIAL MAIL to: Home Business

RESIDENCE MAILING ADDRESS: \_\_\_\_\_  
 (Exam Results mailed to this address.) (Address/City/State/Zip)

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

(City/State/Zip)  
 Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ E-mail address: \_\_\_\_\_

**II. EDUCATION:** Official transcripts are: Enclosed School will send

Name and Address of Institution	Dates Attended	Date Graduated	Degree Received(i.e. BSGeology)

**III. EXAM HISTORY:** List all Fundamentals of Geology and Professional Geology exams taken. As per K.A.R. 66-8-6, “any applicant for a license . . . who fails an examination on the first attempt may take the examination two additional times . . .”

Type of Certificate or Examination	Original State	Date of Exam	ASBOG® Exam (Yes/No)	PASS or FAIL	License or Certificate Number	Date License Issued
Fundamentals of Geology Exam						
Professional Geology Exam						

**IV. CITIZENSHIP:** Are you a U.S. Citizen? Yes : Birth or Naturalized? No

(If not a U.S. Citizen, please attach a recent photograph or other documentation that identifies you AND a copy of your alien registration.)

**V. SIGNATURE:** Have you ever been convicted of a felony? YES NO

(If YES, please explain on separate page.)

**I UNDERSTAND THAT THE BOARD DOES NOT GIVE REFUNDS OF EXAM FEES OR EXCUSED ABSENCES. IF I RESCHEDULE THE EXAM FOR ANOTHER DATE, I MUST PAY THE EXAM FEE AGAIN.**

**I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT.**

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**APPLICANT NAME:** \_\_\_\_\_

**KSBTP PROFESSIONAL EXPERIENCE RECORD**

**Important: Read all instructions in this section before completing experience record.**

1. In chronological order beginning with date baccalaureate degree was conferred, enter month and year of all engagements (geology and non-geology and times of unemployment). The letter (a) designates the first engagement. Letter subsequent engagements consecutively with (b), (c), etc. Engagements can be divided by company, by job title or time of unemployment. Do not leave any time gaps from graduation to the present.
2. In column 3, state the title of your position, the name and address of your employer. If you have been employed by more than one employer, each is considered a separate engagement. Geology engagements must be explained in detail giving at least two specific project examples. Non geology or unemployment entries need only be a brief explanation of activities during those times. No references are needed for non geology engagements.
3. Using *years* and *months*, enter total time spent on engagement (or time of unemployment) in Column 4. Enter the time spent in activity other than geology in Column 5 (Non-Geology). Enter the time spent in geology in Column 6 (Geology). Columns 5 and 6 should equal Column 4. **Enter totals on last page only. Use more pages if needed.**
4. Four years of geology experience must be verified by an employer/supervisor. In column (7), enter the name and license number of the individual who will verify each engagement. Send reference forms (Pages 5 and 6) and a copy of the Professional Experience Record to each individual listed in this column. Each geology engagement must be verified to obtain credit. Applicant is required to have a minimum of three references that are familiar with the applicant's geology experience. At least two of these references shall be licensed geologists. One of the three references may be a professional engineer.

(1) From MM/YY	(2) To MM/YY	(3) Experience Engagements	(4) Total Time YR/MO	(5) Non- Geology YR/MO	(6) Geology YR/MO	(7) Professional Reference Familiar with Geology Engagement
06/01	12/02	<b>(a) SAMPLE – XYZ Geology</b> 900 SW Jackson Topeka KS 66612 Project 1- (PROJECT NAME/LOCATION) Staff Geologist: Responsibilities included collection of soil, rock, sediment and groundwater samples at hazardous waste sites; oversight and management of drilling crews, excavation and demolition teams. Oversight of hollow stem auger, water rotary, air rotary, rock coring and direct push investigations. Authored select portions of proposals, work plans and remedial facility investigation reports.	1y/6m	0	1y/6m	Jane Doe, Geologist KS License #22222
-----	-----	----- <b>(Begin with date Baccalaureate degree was conferred. Leave no gaps.)</b>	-----	-----	-----	-----

**\*\*\*TO REPORT ADDITIONAL EXPERIENCE, PRINT THIS FORM, CLEAR FORM, AND ENTER NEXT ENGAGEMENT(S).**

**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS**  
**900 SW JACKSON, SUITE 507**  
**TOPEKA KS 66612**  
**785-296-3053** **www.ksbtp.ks.gov**

**NOTICE OF REFERENCE REQUEST**

**APPLICANT INFORMATION: (To be completed by APPLICANT)**

1. APPLICANT NAME: \_\_\_\_\_
2. Date for form to reach KSBTP: \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**Reference Address:** \_\_\_\_\_

**To the Reference:** The applicant listed above has given your name as a supervisor or one who is acquainted with one or more experience engagements listed in the experience record form accompanying this reference form. This Board is required by law to obtain evidence of the technical ability of applicants for licensure. Statements by responsible individuals with personal knowledge of the applicant's qualifications will be considered as evidence. Additional information may be attached. The Reference Form may be 'handwritten'. Please write legibly.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for licensure as a professional geologist in Kansas.

Since the Board cannot process this application until receipt of this reference, a prompt reply will expedite the handling of the application. **Your professional seal is required on this form. If you have no seal, please send a copy of your license.**

***THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.***

The **REFERENCE FORM FOR EXPERIENCE VERIFICATION** (which should be enclosed with this Notice) is to be returned directly to the board office at:

**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS**  
**900 SW JACKSON, SUITE 507**  
**TOPEKA, KS 66612**

**Jean Boline, KSBTP Executive Director**

**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS REFERENCE FORM**

APPLICANT NAME: \_\_\_\_\_

**REFERENCE INFORMATION:**

1. Are you a licensed Geologist? \_\_\_\_\_; State \_\_\_\_\_ License No. \_\_\_\_\_  
 Are you a licensed Professional Engineer? \_\_\_\_\_; State \_\_\_\_\_ License No. \_\_\_\_\_
2. During what years did you know the applicant well? From \_\_\_\_\_(mm/yy) to \_\_\_\_\_(mm/yy)
3. Job relationship? \_\_\_Supervisor \_\_\_Fellow employee \_\_\_Other: \_\_\_\_\_
4. Are you related to the applicant? \_\_\_\_\_
5. Briefly state your opinion of the applicant's capabilities in geology. \_\_\_\_\_

6. Please read the enclosed experience record form from the applicant. Indicate at the head of each of the following columns, the engagements (a, b, c, etc. from applicant's experience form) with which you are familiar and provide information in each respective column. Answer the following questions. Use 'n/a' if not applicable.

ENGAGEMENT:	( )	( )	( )	( )
A. Is engagement accurately described by applicant?				
B. Was the applicant working under your direct supervision for the work performed? (If YES, complete C-F. If NO, proceed to Question #7.)				
C. If work was performed after July 1, 2000, was there:				
1. Pre-job conference w/ supervisor and applicant?				
2. Job review?				
3. Timely job interaction?				
4. Post-job review?				
D. Did applicant have major responsibility?				
E. Did applicant receive close, moderate, or occasional supervision?				
F. Number of persons whose work the applicant directed.				

7. In your opinion, did the experience that you are verifying meet the requirement of K.A.R. 66-10-13 which states that the work experience shall expose the applicant to all phases of work integral to the discipline of geology in which the applicant claims qualification to practice?  
 \_\_\_YES \_\_\_NO (If "NO", explain on separate sheet.)

**I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.**

REFERENCE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PROF. SEAL

\_\_\_\_\_  
**SIGNATURE**\_\_\_\_\_  
**DATE**

**KSBTP REFERENCE SUMMARY FORM**

APPLICANT NAME: \_\_\_\_\_

Please list the name and license number of the supervisor/reference that will be verifying each engagement:

ENGAGEMENT	NAME OF SUPERVISOR/REFERENCE	PROFESSIONAL LICENSE NUMBER

NOTE: Supervisor must be licensed in order to receive credit for any experience after July 1, 2000. If supervisor is not licensed, "Exemption from Direct Supervision of Licensed Geologist" form on Page 8 must be submitted **along with** the unlicensed supervisor's reference form.

**OTHER REFERENCES**

**LIST ADDITIONAL PROFESSIONAL REFERENCES ONLY IF YOU HAVE NOT LISTED A MINIMUM OF 3 LICENSED REFERENCES ABOVE. ACCEPTABLE PROFESSIONAL REFERENCES ARE EITHER A LICENSED GEOLOGIST OR A LICENSED PROFESSIONAL ENGINEER. ONLY ONE REFERENCE FROM A LICENSED PROFESSIONAL ENGINEER WILL BE ACCEPTED.**

NAME	LICENSE NUMBER
1.	
2.	
3.	

**PLEASE RETURN THIS FORM WITH YOUR APPLICATION**

## **KANSAS STATE BOARD OF TECHNICAL PROFESSIONS**

The Kansas State Board of Technical Professions is utilizing the following guidelines as they pertain to K.A.R. 66-10-13, which states that geology work shall be directly supervised and verified by a licensed geologist for work performed after July 1, 2000. However, direct supervision of a licensed geologist shall not be required of the employees of any person, firm or corporation that does not offer services in the technical professions to the public, although verification by the applicant's supervisor shall still be required.

### **GUIDELINES FOR DIRECT SUPERVISION**

It is the position of the Kansas State Board of Technical Professions that the phrase "direct supervision" shall mean that there are clear indications of phased interaction between the professional acting as the supervisor and the Intern. Such interaction should include: (1) a pre-job conference, (2) a job review, (3) timely job interaction, and (4) a post-job review.

While this phased interaction is not required to transpire in the same geographic location, at a minimum, the supervising professional shall review the job site to determine the applicability of the Intern's approval.

If direct supervision is not available within the firm/organization, the Kansas State Board of Technical Professions may allow the job supervision to occur outside of the firm/organization with a licensed Geologist, providing the above requirements are met.

### **REQUEST FOR EXEMPTION FROM DIRECT SUPERVISION OF LICENSED GEOLOGIST**

**APPLICANT NAME:** \_\_\_\_\_ **ENGAGEMENT:** \_\_\_\_\_

**COMPANY NAME FOR THIS ENGAGEMENT:** \_\_\_\_\_

**EXPLANATION OF EXEMPTION FROM THE DIRECT SUPERVISION REQUIREMENT:**



**VERIFICATION OF EXAM/LICENSURE**

Send form **TO:**  
**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS**  
 900 SW JACKSON ST, SUITE 507  
 TOPEKA, KS 66612

**FROM:** \_\_\_\_\_  
 (Board making Certification)

Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Four digits of Social Security Number: XXX-XX-\_\_\_\_\_

**I. THE ABOVE NAMED PERSON WAS LICENSED OR CERTIFIED AS:**

	LICENSE NUMBER	DATE ISSUED	VALID UNTIL
INTERN GEOLOGIST			
PROFESSIONAL GEOLOGIST			

**II. BASIS OF LICENSURE:**

1.		HOURS	RESULTS PASS/FAIL	ASBOG® YES/NO	EXAM DATE MM/DD/YYYY
WRITTEN EXAM	FG				
	PG				

2. Oral Exam: \_\_\_\_\_hrs.

3. FG Accepted from: \_\_\_\_\_ PG Accepted from: \_\_\_\_\_

4. Comity with: \_\_\_\_\_

5. Education and Experience: Years of Education \_\_\_\_\_ Years of Experience \_\_\_\_\_

6. Other: Please give details on separate sheet.

**III. INVESTIGATION AND/OR COMPLAINTS (If yes, please give details on separate sheet.)**

	Yes	No
An investigation is in progress on the above named.		
A complaint has been filed against the above named.		
Disciplinary action has been taken against the above named.		

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**BOARD SEAL**